

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90130 043 ***150.00

DOCUMENT # M99831

1. Entity Name
ROBERT A. ARABIAN, P.A.

Principal Place of Business

P.O. BOX 25156
TAMARAC FL 33320
US...

Mailing Address

P.O. BOX 25156
TAMARAC FL 33320
US

2. Principal Place of Business

2034 NEW LONDON TPKE

Suite, Apt. #, etc.

3. Mailing Address

2034 NEW LONDON TPKE

Suite, Apt. #, etc.

City & State

COVENTRY, RI

Zip

02816

Country

US

City & State

COVENTRY, RI

Zip

02816

Country

US

4. FEI Number

65-0078038

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HOCHBERG & DIRIENZO, P.A.
1975 E. SUNRISE BLVD
STE 519
FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ Delete
NAME **ARABIAN, ROBERT A.**
STREET ADDRESS **P.O. BOX 25156 N/A**
CITY-ST-ZIP **TAMARAC FL 33320**

TITLE **TVP** ☐ Delete
NAME **ARABIAN, ROBERT A.**
STREET ADDRESS **P.O. BOX 25156 N/A**
CITY-ST-ZIP **TAMARAC FL 33320**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2034 NEW LONDON TPKE**
CITY-ST-ZIP **COVENTRY, RI 02816**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **2034 NEW LONDON TPKE**
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NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SECRETARY OF STATE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

401-821-3298

Daytime Phone #

CR2E034 (9/01)